PTO/SB/06 (07-06)

Approved for use through 1/31/2007. OMB 0651-0032
U.S. Patient and Trademy Coffice, U.S. Department of the property of the pro

| PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875  |   |   |  |   |      |  |           | Application or Docket Number<br>10/535,314 |   |           | ing Date<br>10/2006           | To be Mailed           |  |
|--|---|---|--|---|------|--|-----------|--|---|-----------|-------------------------------|------------------------|--|
| APPLICATION AS FILED – PART I (Column 1) (Column 2)  |   |   |  |   |      |  |           | SMALL ENTITY                               |   |           | OTHER THAN<br>OR SMALL ENTITY |                        |  |
| Н  | FOR   | JMBER FIL                                 |  | NUMBER EXTRA                                |      |  | RATE (\$) | FEE (\$)                                   | <u> </u>                                | RATE (\$) | FEE (\$)                      |                        |  |
|  | BASIC FEE<br>(37 CFR 1.16(a), (b),  | $\neg$                                    | N/A  |   | N/A  |  |           | N/A  | TEE (a)                                 | i         | N/A                           | TEE (8)                |  |
|  | SEARCH FEE  |   | N/A  |   | N/A  |  | П         | N/A  |   | 1         | N/A                           |                        |  |
|  | (37 CFR 1.16(k), (i), (EXAMINATION FE                                     | ΞE  | N/A  |   | N/A  |  |           | N/A  |   | l         | N/A                           |                        |  |
|  | (37 CFR 1.16(o), (p), (<br>FAL CLAIMS<br>CFR 1.16(i))                     | or (q))                                   | 34 minus 20 =  |   | · 14 |  |           | x \$ =                                     |   | OR        | X \$50 =                      | 700                    |  |
| INE  | EPENDENT CLAIM<br>CFR 1,16(h))  | s   | 3 minus 3 =  |   | • 0  |  | П         | x \$ =                                     |   | 1         | X \$200 =                     | 0                      |  |
|  | APPLICATION SIZE<br>(37 CFR 1.16(s))                                      | FEE shee is \$2 addit                     | If the specification and dra-<br>sheets of paper, the applic<br>is \$250 (\$125 for small ent<br>additional 50 sheets or frac<br>35 U.S.C. 41(a)(1)(G) and |   |      | ion size fee due<br>r) for each<br>on thereof. See |           |  |   |           |                               |                        |  |
|  | MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))                         |   |  |   |      |  |           |  |   | 1         |                               |                        |  |
| * If   | * If the difference in column 1 is less than zero, enter "0" in column 2. |   |  |   |      |  |           |  |   | ]         | TOTAL                         | 700                    |  |
|  | APPLICATION AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)        |   |  |   |      |  |           |  | OTHER THAN SMALL ENTITY OR SMALL ENTITY |           |                               |                        |  |
| AMENDMENT  | 11/10/2008  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR |      | PRESENT<br>EXTRA                                   |           | RATE (\$)                                  | ADDITIONAL<br>FEE (\$)                  |           | RATE (\$)                     | ADDITIONAL<br>FEE (\$) |  |
|  | Total (37 CFR<br>1.18(i))   | · 28                                      | Minus  | <b></b> 37                                  |      | = 0  | П         | x \$ =                                     |   | OR        | X \$52=                       | 0                      |  |
|  | Independent<br>(37 CFR 1,16(h))   | • 8                                       | Minus  | 3   |      | = 5  | П         | x \$ =                                     |   | OR        | X \$220=                      | 1100                   |  |
|  | Application Size Fee (37 CFR 1.16(s))                                     |   |  |   |      |  |           |  |   |           |                               |                        |  |
| _  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))           |   |  |   |      |  |           |  |   | OR        |                               |                        |  |
|  |   |   |  |   |      |  |           | TOTAL<br>ADD'L<br>FEE                      |   | OR        | TOTAL<br>ADD'L<br>FEE         | 1100                   |  |
| (Column 1) (Column 2) (Column 3)   |   |   |  |   |      |  |           |  |   |           |                               |                        |  |
| L  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | HIGHI<br>NUME<br>PREVIO<br>PAID F           | BER  | PRESENT<br>EXTRA                                   |           | RATE (\$)                                  | ADDITIONAL<br>FEE (\$)                  |           | RATE (\$)                     | ADDITIONAL<br>FEE (\$) |  |
| Z  | Total (37 CFR<br>1,16())  |   | Minus  |   |      |  | П         | x \$ =                                     |   | OR        | x \$ =                        |                        |  |
| AMENDMENT  | Independent<br>(37 CFR 1.16(h))   |   | Minus  | ***   |      |  | П         | x \$ =                                     |   | OR        | x s =                         |                        |  |
| Ш  | Application Size Fee (37 CFR 1.16(s))                                     |   |  |   |      |  | П         |  |   | ]         |                               |                        |  |
| ΑM   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))           |   |  |   |      |  |           |  |   | OR        |                               |                        |  |
|  |   |   |  |   |      |  |           |  |   | OR        | TOTAL<br>ADD'L<br>FEE         |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1. |   |   |  |   |      |  |           |  |   |           |                               |                        |  |

This collection of information is equated by 37 CER 1.10. The information is required to obtain or retain a benefit by the public which is in life (and by the USETO to concess) an implication. Confidentially is governed by 85 USE v. 22 and 37 CER 1.4. If this collection is estimated to state 27 animates to complete is excluding patternity, preparing, and submitting the completed application form to the USETO. Time will very depending upon the individual case. Any comments on the amount of time you require to complete this form and/or segregations form double be sent to the Childrel (information Officer, U.S. Patterni and Trademark, Office, U.S. Department of Commerce, P.O. Box 1450, Alexandrius, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissionment for Patternity, P.O. Box 1450, Alexandrius, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissionment for Patternity, P.O. Box 1450, Alexandrius, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissionment for Patternity For Description of the Patternity Formation of the Patternity Formati